

Pessimism can shorten your life

Recent revelations about the fascinating interaction between mental and physical health

by Angela Mombourquette

Those 10 years had been a rough emotional ride, by any measure. At the age of 24, Joanne had achieved her goal of becoming an RCMP officer. A year later, she had been diagnosed with multiple sclerosis. "My first MS attack was pretty big," she says. "I had double vision for eight months, seizures for six, and no speech for four." Joanne has a relapsing/remitting form of MS in which symptoms appear and resolve in cycles. But they don't always resolve entirely. "Every single time I take an attack, I don't know if I'm going to get better; I don't know if my nerves are going to scar, so usually at the beginning of an attack, I'm freaking out. It's a scary time."

Another MS attack left Joanne with chronic pain that would last for more than two years. At the age of 28, the RCMP put her on disability, and three years later she was discharged. Reluctantly, Joanne moved back in with her family. "I had grown up with a lot of domestic violence and addiction when I was a kid. So if you can imagine becoming an RCMP officer, losing that, losing my income, and then moving back home—it was not good for my health. I was dealing with the loss of everything. And because I had MS, it was completely affecting my life."

Stress is thought to be an important factor in the development and course of MS. Joanne's neurologist, concerned that the emotional upheaval in her life was putting her at risk of another major attack, referred her to Dr. Alan Abbass, director of the Centre for Emotions and Health at the QEII Health Sciences Centre in Halifax.

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emotional issues can translate into physical symptoms that have no medical explanation—a process known as “somatization.”



Joanne now feels empowered over her MS attacks.

Dr. Abbass practises a type of psychotherapy known as Intensive Short-Term Dynamic Psychotherapy. Abbass often uses ISTDP to help patients work through emotional issues that can manifest in the form of physical illness—including problems with the gastrointestinal, cardiovascular, respiratory, or immune systems.

Joanne didn't think she needed to see a psychiatrist. For years, she had dismissed whatever influence her emotional history might have been having on the progress of her MS—but she went anyway. “I sat down in his chair, and he just kept asking me how I felt. Finally, I'd say about two months into it, I really took a look at how I felt, and I realized that it was okay to feel these emotions and give them validation—give them the weight they deserved,” Joanne says, sounding genuinely surprised at the memory of her own “breakthrough” moment.

“I had never realized that I was still angry at every neighbour I had had in my childhood who had heard my mother's head hit the wall and had never called the police or social services,” she says. “Those emotions may seem trivial and, no doubt, were from years past. But a person cannot deal with them until they address them and that is what Dr. Abbass did for me. By making me confront, address and realize what I had felt, I did feel like a ton of bricks had been lifted off me. And because I felt empowered, what would have been an MS attack wasn't an MS attack.”

For many people, emotional issues can translate into physical symptoms that have no medical explanation—a process known as “somatization.” Dr. Abbass acknowledges that it's a problematic term (it's sometimes used to imply that physical problems aren't real). But Dr. Abbass says that somatic complaints are more common than generally thought, and that the physical manifestations are very real.

“I used to do emergency medicine and general practice,” he says. “I was happily doing that work, but I was frustrated with trying to help patients who would come into the emergency room with health problems that we couldn't do anything for. If someone comes in with abdominal pain, almost nine times out of 10 there's no physical cause found. With chest pain, three out of four times there's no cause found. A lot of this is stress-related, anxiety-related, emotionally-based stuff... Then



I stumbled across this ISTDP approach that actually helped people's physical problems. That's why I went back to psychiatry."

Dr. Sam Campbell, chief of emergency medicine at the QEII, can attest to how common those unexplained medical complaints are. He says he sees at least five or six people a shift with what he would categorize as somatoform disorders. "Doctors have traditionally been very scared to diagnose these disorders because they feel patients will be insulted," Campbell says, "but most of the time, patients aren't. If the patient says, 'You mean it's all in my head?' I say, 'It's not all in your head—it's in your adrenal glands, and in your autonomic nervous system.'"

The autonomic nervous system regulates things like blood pressure and how quickly we're breathing. It has two main divisions: the parasympathetic division, which controls our body's processes during everyday situations, and the sympathetic division, which prepares the body for stressful or emergency situations—fight or flight. In stressful situations, it increases our heart rate and the force of heart contractions, widens the airways to make breathing easier, and sends signals to our blood vessels and organs to be ready to react. Dr. Campbell says many of the patients he sees are under so much stress, their body is in a constant state of heightened readiness for crisis, and that's showing up in the form of physical symptoms.

"We serve these people very badly," says Dr. Campbell. "If you look at the literature, the kind of specialist these people get sent to determines the diagnosis they get. So if they get sent to a gastroenterologist it's called irritable bowel syndrome. If they get sent to a rheumatologist, it's called fibromyalgia. If they get sent to a cardiologist, it's called angina. They end up getting sent to specialists that see things in their own frames. And no one steps back and says, 'Oh for goodness' sake. Either this is the most unlucky person in the whole world – they've got cardiac and neurologic and gastrointestinal and dermatologic problems – or there is one system that's interfering with all of these things.'"

As recently as the late 1970s, it was widely believed that the brain had no influence over the immune system and vice versa. In the decades since, there has been an explosion of research into the biological pathways

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Christine Sao Miguel.

Stress of the disease adds to the disease

Dr. Timothy Walker of Dharma Sun Healing and oncologist Dr. Rob Rutledge of the Nova Scotia Cancer Centre and Dalhousie Medical School have adapted the mindfulness-based stress-reduction techniques to a series of workshops for cancer patients and their families. One of the patients who has taken advantage of those workshops is Christine Sao Miguel, who was diagnosed with chronic myelogenous leukemia in 1998. Sao Miguel has faced a difficult decade of treatments that have had limited to no effect. But she has found a sense of control by focusing her efforts on her own emotional and spiritual health.

"I think that the fear and the stress of the disease wrecks havoc on the emotions. The adrenal system is always on overdrive, so you're not just dealing with the actual symptoms of the disease, and not just dealing with the side effects

of the drugs, you're dealing with the incredible stress and anxiety, and its impact on you and your entire family. I think it's hard to calculate just how powerful that impact is, because I would say it is as powerful as the disease itself.

"When I suddenly found myself living in a complete state of fear and unknown, I needed to find the skill sets so I could work with that new world order," says Sao Miguel. She says she's confident that doing her "emotional work" has had an impact on her health overall.

Tim Walker takes it one step further, crediting Sao Miguel's emotional progress with a recent small success in a new clinical trial. "She went through a very powerful spiritual journey, and she came out the other side," he says.

through which emotions and stress can influence immune function and health. The new field of study, known as psychoneuroimmunology (PNI), represented a major paradigm shift in medical research.

Early PNI research showed that anger, hostility, depression and anxiety were linked to a higher risk of illness and death from cardiovascular disease, and that stress was associated with chronic pain, diabetes, gastrointestinal disorders like IBS, and an increased risk of autoimmune diseases such as psoriasis and rheumatoid arthritis.

One of the problems with this approach was that it contained an inherent risk of seeming to blame patients for their own chronic diseases. Researchers have started looking at the health effects of positive emotions—happiness, joy, excitement, enthusiasm and contentment—which may be associated with lower overall rates of pain, illness and even death. One well-publicized study, popularly known as the "Nun Study," looked at autobiographical writing samples collected from a group of nuns when they were in their early

20s. The higher the number of positive words and sentences the nuns used in their early writings, the greater the probability that those nuns were still alive 60 years later. Nuns who made the fewest happy comments died, on average, nine years earlier than nuns in the happiest category.

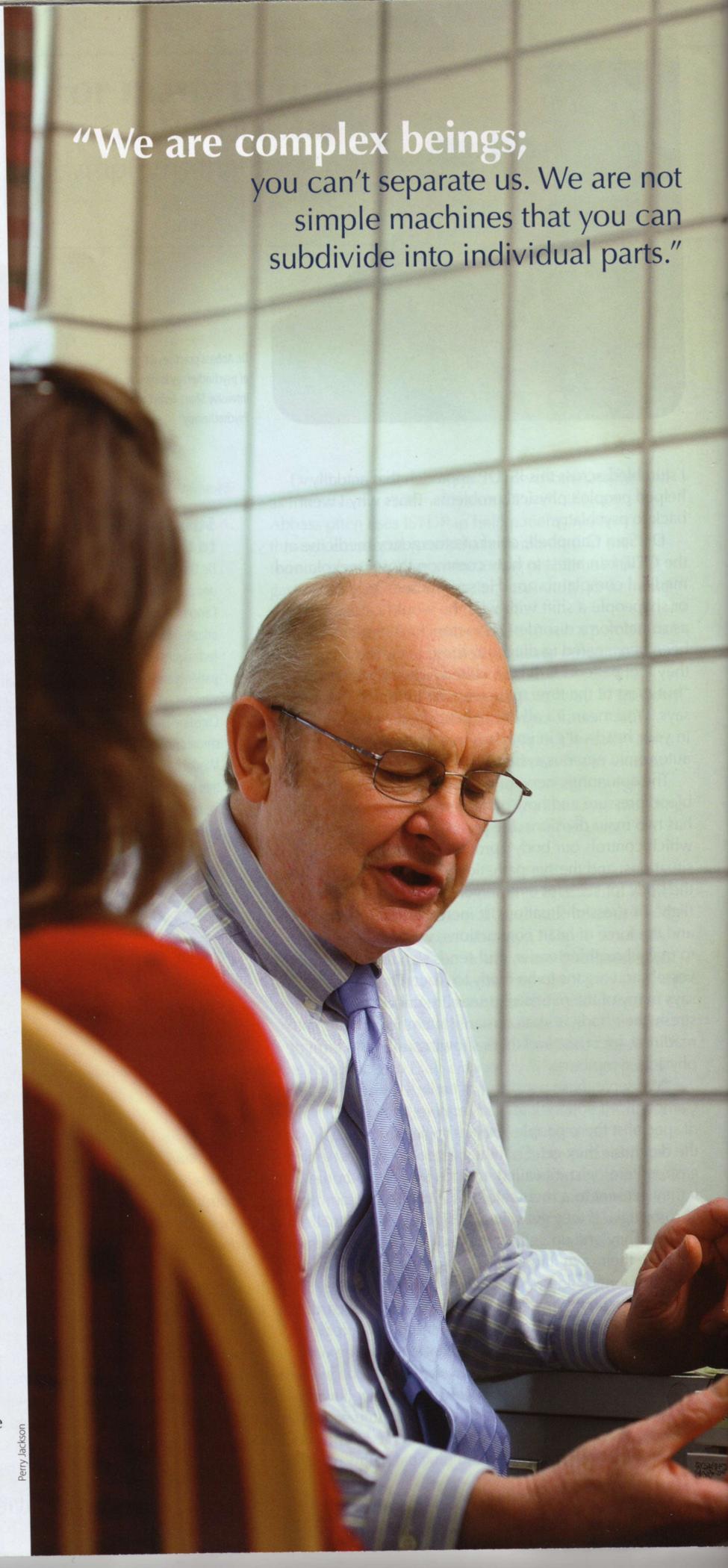
In a recent experiment, 193 healthy 21-to-55 year-old volunteers were assessed for positive (happy, lively, and calm) and negative (anxious, hostile and depressed) emotional styles. They were then exposed to a rhinovirus or influenza virus and monitored for signs of illness. People who were more optimistic had a lower risk of developing an upper respiratory illness, and reported fewer symptoms than expected.

The biology of these responses is still not clearly understood. In some cases, happiness, joy and excitement are thought to influence hormones and neurotransmitters that affect immune responses. Some studies have shown an increase in an antibody that plays an important role in defending against infection. Other studies have measured the effects of positive emotions on natural killer (NK) cell activity (NK cells are key to immune protection against cancer cell growth). One study found that women who were under stress, but who reported more positive than negative feelings, had higher levels of NK cell activity.

It's also possible that generally positive people might have better immune function simply because they are more likely to have better health habits—they may eat and sleep better and exercise more often than their less optimistic peers.

Medicine is beginning to acknowledge the limitations of the model that has traditionally separated mind and body. Dr. Roy Fox, medical director of the Nova Scotia Environmental Health Centre in Fall River near Halifax says his practice has evolved to treat the whole person. "We are complex beings; you can't separate us. We are not simple machines that you can subdivide into individual parts." It's one of the keys to how he treats patients, many of whom suffer from chronic conditions like fibromyalgia, multiple chemical sensitivities, or chronic fatigue syndrome.

"When a person is dealing with a significant physical problem," says Dr. Fox, "if you can help their mind and spirit be in an optimal state, then it has an impact on the illness. That's been shown in cancer, HIV, psoriasis, a wide variety of problems. So if you can't directly cure something—which, for most things in medicine, we can't—we need to help the person get to a higher level of health, so that they can more optimally manage the illness that they're dealing with."



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The centre uses a variety of therapeutic approaches to help patients cope, including a psychologist who uses ISTDP, and counseling and cognitive therapies that employ techniques like therapeutic touch and guided imagery. Dr. Fox's team also offers classes in therapeutic yoga and stress reduction.

The mindfulness-based stress reduction model the team uses was developed by scientist, writer and teacher Dr. Jon Kabat-Zinn of the University of Massachusetts Medical School. Mindfulness simply means paying attention, without judging, to what's happening to you at that moment. Kabat-Zinn's technique has been shown to have demonstrable effects on brain and immune function, and is beginning to gain more widespread use within medical settings. Dr. Timothy Walker, a psychotherapist and founder of the EastWind Stress Reduction Clinic in Halifax, also counsels clients in Kabat-Zinn's approach. Like Dr. Fox, he says that mindfulness practices can have tangible health benefits. "I really believe that one of the best ways to prevent chronic illness

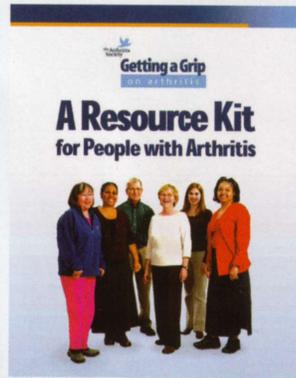


Image courtesy of The Arthritis Society



Local self-help for Arthritis sufferers

The Arthritis Society offers an Arthritis Self-Management program in each of the four Atlantic provinces. The program is designed to help people with arthritis better understand their illness, and offers advice and skills for coping with chronic pain, stress and depression. "People come in feeling that arthritis has control of them," says Sharon Vance, programs and services co-ordinator for the PEI division of the Arthritis Society, "and by the end of the six weeks, they feel like they are in control of their arthritis."

For more information on programs in your area, visit <http://www.arthritis.ca/>

is to do your emotional work. It's a really good idea to clear out all of your emotional unfinished business. Over time, if people address their psychological and emotional issues, then they start to feel healthier." 🍎

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Dr. Roy Fox, medical director of the Nova Scotia Environmental Health Centre in Fall River near Halifax.